

Name in Full Mary L Allen		CERTIFICATE OF DEATH	
Died at Bitterton <small>Town</small>		Kent <small>County</small>	
Date of death 1903 <small>Month</small> May <small>Day</small> 5		Age 7 <small>Years</small> 1 <small>Months</small> — <small>Days</small>	
Sex female		Color or Race Black	
Married, Single or Widowed —		Birth-place md	
Name of Wife or Husband —		Occupation —	
Father's Name John H Allen		Father's Birthplace md	
Mother's Maiden Name Mary E. Denby		Mother's Birthplace md	
Name of person giving information J. W. Allen		How related to deceased Father	
CAUSES OF DEATH			
Primary Measles.		How long a few days.	
Immediate 6		How long	
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician Wm. S. Maxwell	
		Address Still Pond, Md.	
Accident or Suicide?			

Know

Name in Full

Certificate of Death

Died at

Marthia Elizabeth Beck
 Town Piney Neck County Kent Co - MARYLAND

Date 1903

Month Day

May 7

Y. M. D.

Age 57

Native of

Ind

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart Disease

How long sick

One day

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75893



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Campbell		County		MARYLAND	
Died at		Kent			
Date of death	1903	Month	May	Day	11th
Age		69		Months	
Sex		Male		Color or Race	White
Birthplace		Ireland			
Married, Single or Widowed		Married		Occupation	
Name of Wife or Husband		Ellen Murray			
Father's Name		Campbell		Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information		Mrs Ellen Campbell		How related to deceased	
		Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes	How long	10 Years
Immediate	Exhaustion	How long	50
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		L. P. Gourmand M.D.	
Address		Millington Md.	
Accident or Suicide?			



Name in Full

Certificate of Death

Gabriel Theodore Chambers

Town

County

MARYLAND

Died at

George town

Kent

Month Day

Y. M. D.

Native of

Occupation

Date 1903

May 9

Age

- 6 -

Maryland

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Clay Thomas Chambers

Mother's

Maiden Name

Vella Viola Word.

Cause of

Primary

Cholera Infantum

How long sick

3 days.

Death

Immediate

at Landon

Accident, Suicide, Homicide

Reported by

Frank W. Smith M.D.

Address

Fairlee Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full	Julia Ann Chambers						CERTIFICATE OF DEATH	
	Died at ^{Town} Chestertown				^{County} Kent		MARYLAND	
	Date of death 1903		Month May		Day 25		Age 69	
	Sex Female		Color or Race Colored		Birth-place Kent Co		Months 5	
	Married, Single or Widowed Widowed		Occupation Housewife				Days 1	
	Name of Wife or Husband James Henry Chambers							
	Father's Name Henry Deuby				Father's Birthplace Kent Co			
	Mother's Maiden Name Melkie Freeman				Mother's Birthplace Kent Co			
Name of person giving information Julia Johnson						How related to deceased Daughter		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Chronic Intestinal Hepatitis		How long One year about	
	Immediate Coma		How long 3 days	
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. G. Simpson	
			Address Chestertown Kent Co	
	Accident or Suicide? No			



Name
in
Full

Mrs Wm Danell

CERTIFICATE OF DEATH

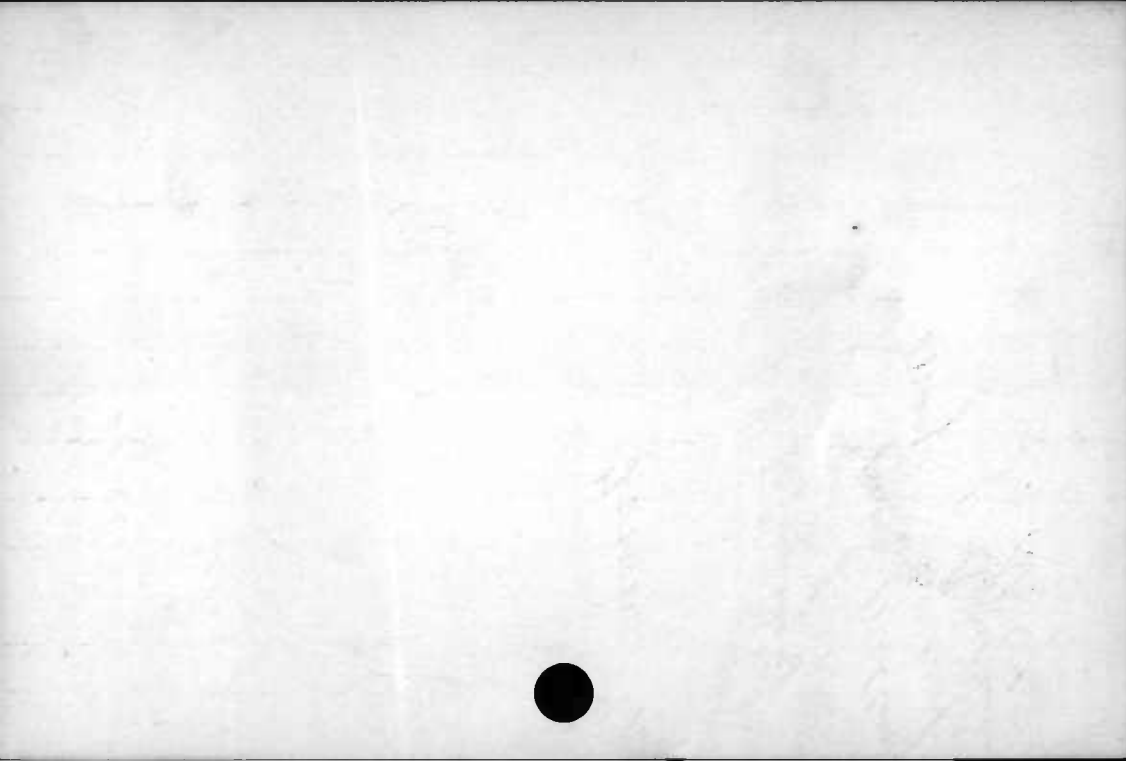
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millington</i>		Town		<i>Kent</i>		County		C. O.		MARYLAND	
Date of death 190 <i>3</i>		Month <i>5</i>		Day <i>16</i>		Age <i>39</i>		Years		Months	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>2nd St</i>		Days					
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>									
Name of Wife or Husband <i>Wm Danell</i>											
Father's Name		Father's Birthplace									
Mother's Maiden Name <i>Mrs Emmett</i>		Mother's Birthplace									
Name of person giving information		How related to deceased									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>		How long <i>6 months</i>	
Immediate <i>11</i>		How long <i>27</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	
		Address <i>12 Corns</i>	
Accident or Suicide? <i>No</i>		<i>Millington</i>	



Name
in
Full

CERTIFICATE OF DEATH

Mary borsey

Town

County

Died at

near Worton

Kent

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

May

18

Age about 24 years

Sex

Female

Color or
Race

Columbia

Birth-
place

Kent Co Md

Married, Single
or Widowed

Married

Occupation

Housewife

Name of Wife or
Husband

Samuel borsey

Father's
Name

Charles Young

113

Father's
Birthplace

Kent Co Md

Mother's
Maiden Name

Hennir Butler

Mother's
Birthplace

Kent Co Md

Name of person giving
In formation

Rich. Walker

How related
to deceased

not related

CAUSES OF DEATH

Primary

Hepatic Colic

How long

2 days

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

John H. Hessler

Address

Hanesville Kent Co Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Wm 20/03

Name in Full

Certificate of Death

Hester Henrietta Sudley

Town

County

Eunville

Kent

MARYLAND

Died at

Date 1903

Month

Day

May 23

Age

48

Y.

M.

D.

Native of

Mo

Occupation

Housewife

Male

~~White~~

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

2

Husband of

Manuel Sudley

Wife

Father's

Name

Samuel Black

Mother's

Maiden Name

Sarah Black

Cause of

Primary

Not Known

How long sick

9 days

Death

Immediate

No Dr in attendance

Accident, Suicide, Homicide

Reported by

T H Leasey

Undertaker

Address

Rock Hall

Kent Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUFAU, 79898



Name
in
Full

Marian O. Gleaves

CERTIFICATE OF DEATH

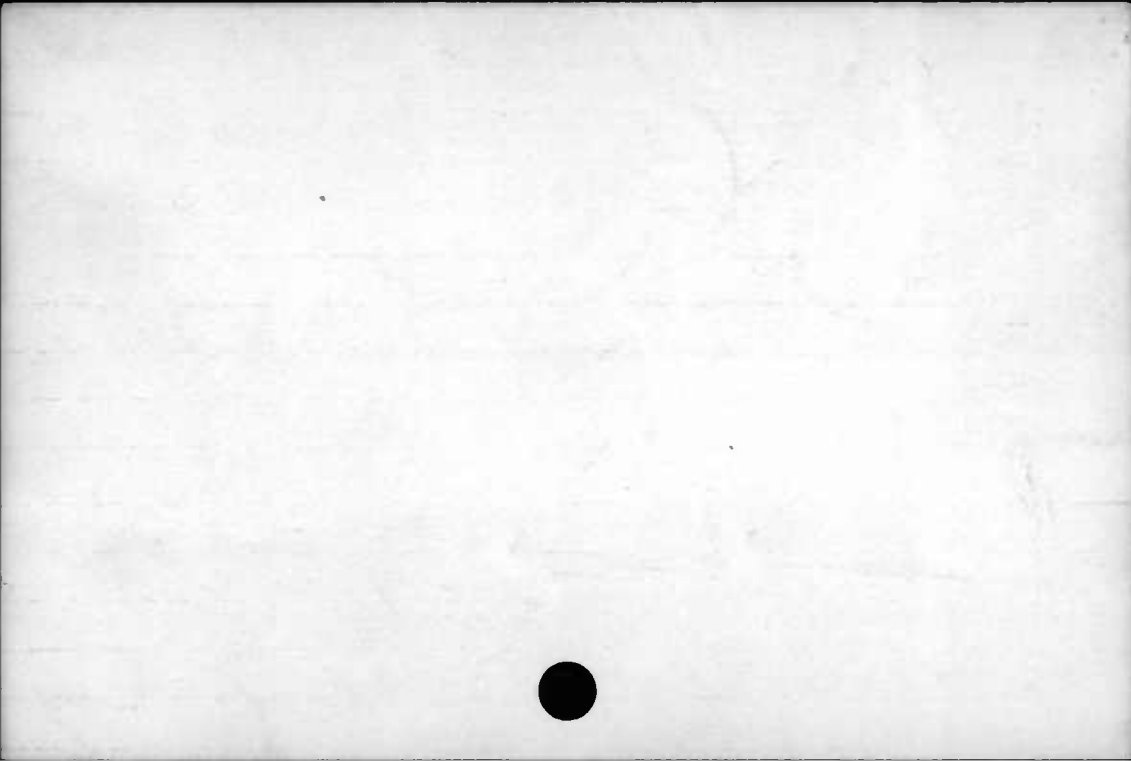
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Davis Hill</i>		Town <i>Trent G</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>29</i>	Years	Age <i>6 yrs</i>	Months	Days	
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Davis Hill</i>				
Married/Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Samuel Gleaves</i>				Father's Birthplace <i>Trent G Md</i>			
Mother's Maiden Name <i>Mary A Riley</i>				Mother's Birthplace <i>Trent G Md</i>			
Name of person giving information <i>Samuel Gleaves</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epidemic Fever</i>	How long <i>two weeks</i>
Immediate <i>Dysentery</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. J. Barwick, M.D.</i>
	Address <i>Stennedyville Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Ethelylene May Harrison

Town

County

Died at

Rockface Kent Co

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 5 -

Age

22

M

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Chas. Harrison

Nettie Boyer

Cause of

Primary

Pneumonia

How long sick

2 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W. O. Selly

Address

Rockface Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name
in
Full

Wm Albert Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morgue</i>		Town <i>Kent</i>		County <i>Kent</i>		MARYLAND	
Date of death 190	3	Month	May	Day	2	Age	17
		Years	3	Months	7	Days	
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Kent Co</i>
Married, Single or Widowed	<i>Single</i>		Occupation	<i>Farm work</i>			
Name of Wife or Husband	<i>Isaac S Jones</i>						<i>3x</i>
Father's Name	<i>Isaac S Jones</i>					Father's Birthplace	<i>Kent Co</i>
Mother's Maiden Name	<i>Louisa Truitt</i>					Mother's Birthplace	<i>Kent Co</i>
Name of person giving information	<i>Wm W. Jones</i>					How related to deceased	<i>Nephew</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Miliary Tuberculosis</i>		How long	<i>4 months</i>
Immediate	<i>Asthma</i>		How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>H. G. Simpson</i>
			Address	<i>Chestertown Kent Co</i>
Accident or Suicide?		<i>No</i>		

Morgan Beck

Name
in
Full

Frederick Kennard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Millington		County Kent		MARYLAND	
Date of death 190	3	Month May	Day 14 th	Age 61	Years	Months	Days
Sex	Male		Color or Race	Black		Birth- place	Ind
Married, Single or Widowed	Married			Occupation Farm laborer			
Name of Wife or Husband	Victorine Rasier						
Father's Name	Steven Kennard					Father's Birthplace	
Mother's Maiden Name	Margaret					Mother's Birthplace	
Name of person giving Information	Wife					How related to deceased	79

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aortic Insufficiency		How long	7 years
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		C. P. Gourman M.D.		
Address		Millington, Md.		
Accident or Suicide?				

Bread Gilt

Name in Full		James Alford Lumsday				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death 1903		Month	Day	Age	Years	Months	
	Sex		Color or Race		Birth-place			
	Married, Single or Widowed				Occupation			
	Name of Wife or Husband							
	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased				
<div>St Paul</div> <div>CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary				How long			
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
	Accident or Suicide?				Address			

May 2/65

Name
in
Full

Wilson Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millington</i> <small>Town</small>		<i>Kent Co</i> <small>County</small>		MARYLAND	
Date of death 190 <i>8</i> <small>Month</small>	<i>8</i> <small>Day</small>	Age <i>28</i> <small>Years</small>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Millington</i>	Occupation <i>Farm Hand</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>Emily Miller</i>		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>As / Wind</i>	How long <i>year</i>
Immediate <i>"</i>	How long <i>154</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. C. ...</i>
Accident or Suicide? <i>no</i>	Address <i>Millington</i>



Name in Full

Certificate of Death

Mrs. W. T. Morris

Town

County

Died at

MARYLAND

Date 1903 May 8 Y. M. D. Native of Md. Occupation Housewife
Age 43
White Married Widowed
Female Single Widower Number of children living None

Husband of Walter T. Morris.
Father's Name Josiah Lusby Mother's Name Emily Lusby

Cause of Death Primary Pancreatitis How long sick 11 weeks
Immediate Pyaemia et Asthenia

Reported by H. L. Dodd, M.D.
Address Chestertown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Portia Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Melilotu</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>3rd</i>	Years <i>1</i>	Months <i>5</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Melilotu Md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Infant no occupation.</i>		
Name of Wife or Husband					
Father's Name <i>Alex B Nichols</i>			Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>Catharine Riley</i>			Mother's Birthplace <i>Queen Anns Co.</i>		
Name of person giving information <i>Alex B Nichols</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scrofula</i>	How long <i>from birth</i>
Immediate <i>Necrosis of vertebra</i>	How long <i>probably 6 mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Bunge Simmons</i>
	Address <i>Chester town Md</i>
Accident or Suicide? <i>No.</i>	



Name in Full

Certificate of Death

John Henry Poles

Died at

Town Cliffts

County

Kent

MARYLAND

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 12

Age

72

Kent Co

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Mutual Regurgitation

How long sick

Several years

Death

Immediate

Syncope

~~Accident, Suicide, Homicide~~

Reported by

Address

J. G. Dinglers, M. D.

Cheestown

Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88966



Name in Full

Certificate of Death

Charles Sanders

Died at

Town

Edesville

County

Kent

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1903

May 21

Age 28

-

-

Md

Farm Hand

Male

~~Female~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

1

Husband

of

William Sanders

Father's

Name

George Sanders

Mother's

Name

Rebecca Barroll

Cause of

Primary

Pulmonary Tuberculosis

How long sick

1 yr

Death

Immediate

exhaustion

Accident, Suicide, Homicide

Reported by

Frank W. Smith

Address

Famler

Kent. Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66966



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Kent</i> County		MARYLAND	
Date of death 190 <i>3</i> Month <i>May</i> Day <i>16</i>	Age <i>—</i> Years		Months	Days <i>0</i> Stillborn	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Frederick</i>			
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>			
Name of Wife or Husband					
Father's Name <i>Wm J Smyth</i>			Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>Lizzie Dorey</i>			Mother's Birthplace <i>Kent Co.</i>		
Name of person giving information <i>Wm J. Smyth</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Albuminuria of mother</i>	How long <i>—</i>
Immediate <i>Inanition</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H Benge Summons</i>
	Address <i>Chester town Md.</i>
Accident or Suicide? <i>No</i>	

May 24/63

Name
in
Full

Samuel J. Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Middleton</i>		County <i>10th</i>		MARYLAND	
Date of death 190	3	Month 5-	Day 25-	Years 68	Age	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Kentwood</i>
Married, Single or Widowed	<i>Married</i>			Occupation	<i>Farmer</i>		
Name of Wife or Husband	<i>S. Stevens</i>						
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>"</i>	How long	<i>13</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. J. Obenberger</i>
		Address	<i>Middleton</i>
Accident or Suicide?			



Name
in
Full

Samuel Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death 1903		Month <i>May</i>	Day <i>21</i>	Age <i>—</i>		Months <i>8</i>	Days <i>4</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Chestertown</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Samuel Stewart</i>				Father's Birthplace <i>Kent Co</i>			
Mother's Maiden Name <i>Sarah Thomas</i>				Mother's Birthplace <i>Kent Co</i>			
Name of person giving information <i>Samuel Stewart</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>One month</i>
Immediate	<i>Exhaustion</i>	How long	<i>several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. G. Dimpers</i>	
		Address <i>Chestertown, Kent Co</i>	
Accident or Suicide?			

no



Name
in
Full

Eliza Ann Ward

CERTIFICATE OF DEATH

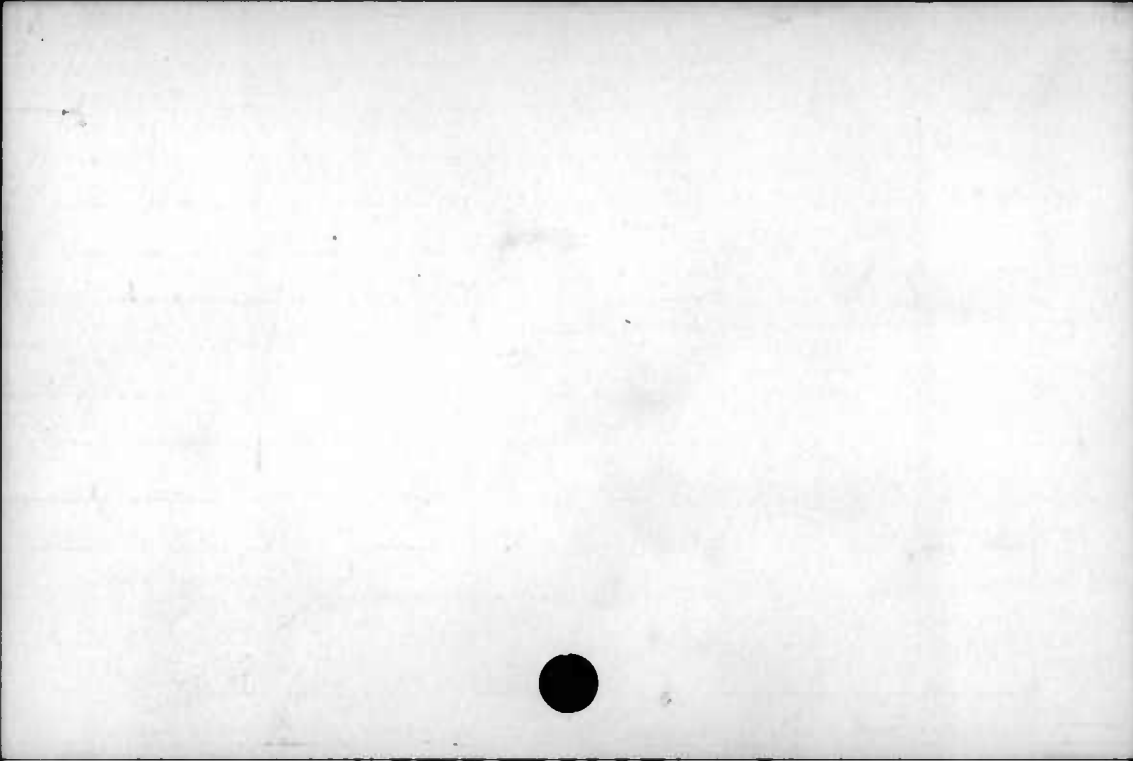
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death	1903	Month	May	Day	1st	Age	81
Sex		Female		Color or Race		Colored	
Married, Single or Widowed		Widowed		Occupation		formerly a cook - no occupation	
Name of Wife or Husband							
Father's Name				Don't know			
Mother's Maiden Name				Don't know			
Name of person giving information				Frank Chambers & Mrs. Judy			
How related to deceased				No relation			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>		How long	<i>3 years</i>
Immediate	<i>General Paralysis</i>		How long	<i>Very sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		<i>J. B. Brung & Simmons</i>		
Address		<i>Chestertown Md</i>		
Accident or Suicide?		<i>No</i>		



Name In Full

Certificate of Death

Leon Wesley
 Died at ^{Town} Rock Hall ^{County} Kent MD. MARYLAND

Date 1903 May 13 Age 2 Y. M. D. Native of MD Occupation
 Male ~~White~~ Married ~~Widow~~ Divorced
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Henry Wesley Mother's Maiden Name Carrie Brookens

Cause of Death { Primary Pneumonia 93 How long sick 9 days
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by

Address

W. O. Sully
 Rock Hall Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Tillison A Wilmer		CERTIFICATE OF DEATH	
Died at Still Pond ^{Town}		Kent ^{County}	
Date of death 190 3 ^{Month} May ^{Day} 15 ^{Age} 2 ^{Years}		3 ^{Months} 12 ^{Days}	
Sex male Color or Race Black		Birth-place Ind	
Married, Single or Widowed —		Occupation —	
Name of Wife or Husband —			
Father's Name Edw Wilmer		Father's Birthplace Ind	
Mother's Maiden Name Annie Johnston		Mother's Birthplace Ind	
Name of person giving information Edw Wilmer		How related to deceased Father	
CAUSES OF DEATH			
Primary Pneumonia. 93		How long a few days.	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician Wm. S. Maxwell.	
		Address Still Pond.	
Accident or Suicide?		Ind.	

Sturtevant

Name in Full

Certificate of Death

Died at

Salto

County

Kent

MARYLAND

Date

11/13

Month

Day

May 6

Y.

M.

D.

Native

Occupation

Age

75

Maryland Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Olage

How long sick

one week

Accident, Suicide, Homicide

Reported by

John Chandler

Address

Salto

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate received from _____

of *John Le Smith*
Undertaker